

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				DATE 25 FEB 77		FILE NO. 3190	
TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP		SS NUMBER 069-24-3134			
		CHIEF, CONTRACT PERSONNEL DIVISION, OP		EMPLOYEE NUMBER 007667			
	<input checked="" type="checkbox"/>	CHIEF, LA (OPERATING COMPONENT FOR ACTION) ATTN:		ID CARD NUMBER			
REF. Form 2458 dated 1 Dec 76				<input checked="" type="checkbox"/> OFFICIAL COVER		<input checked="" type="checkbox"/> ESTABLISHED	
STATUS <input checked="" type="checkbox"/> STAFF <input type="checkbox"/> CONTRACT <input type="checkbox"/>				<input type="checkbox"/> CANCELLED			
SUBJECT BUSTOS-VIDELA, CHARLOTTE Z.				UNIT 39 DEPARTMENT OF STATE			

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)				<input type="checkbox"/> CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)			
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE BOD				EFFECTIVE DATE:			
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)				SUBMIT FORM 3254 _____ W-2 TO BE ISSUED (HNB 20-7)			
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 3 (HNB 20-7)				SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)			
<input checked="" type="checkbox"/> SUBMIT FORM 3254 64-44 W-2 TO BE ISSUED. (HNB 20-11) 97				EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)				RETURN ALL OFFICIAL DOCUMENTATION TO CCS			
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)				SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.			
<input type="checkbox"/> EAA. CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>				DO NOT WRITE IN THIS BLOCK			
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR ACP HOSPITALIZATION CARD							
REMARKS AND/OR COVER HISTORY 27 Aug 51-Aug 62-Hqs-Overt Aug 62-Jul 67-Hqs-[DAC] 99 Jul 67-10 Aug 72-Mexico-[State-Nominal] 99 1 Sep 72-27 Jun 74-Hqs-[DAC] 99 28 Jun 74-10 Nov 76-Trinidad-State-Int.] 16-31 11 Nov 76-26 Feb 77-Hqs-[State-Int.] 99 27 Feb 77- -Hqs-[State-Nominal] 99							
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